

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)								SERIAL NO.	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/						61	/		
2	/						62			
3	/						63			
4	/						64			
5							65			
6	/						66			
7							67			
8		/					68			
9	/						69			
10	/						70			
11		/					71			
12		/					72			
13		/					73			
14		/					74			
15		/					75			
16		/					76			
17	/						77			
18		/					78			
19		/					79			
20		/					80			
21		/					81			
22		/					82			
23		/					83			
24		/					84			
25	/						85			
26		/					86			
27		/					87			
28		/					88			
29		/					89			
30		/					90			
31		/					91			
32		/					92			
33	/						93			
34		/					94			
35		/					95			
36		/					96			
37		/					97			
38		/					98			
39		/					99			
40		/					100			
41	/						TOTAL IND.	/		
42		/					TOTAL DEP.	42	←	→
43		/								
44		/								
45		/								
46		/								
47		/								
48		/								
49	/									
50		/								
TOTAL IND.	8	↓	↓	↓	↓	↓	TOTAL IND.	/		
TOTAL DEP.	42	←	→	←	→	←	TOTAL DEP.	42	←	→
TOTAL	50	↓	↓	↓	↓	↓	TOTAL	/	122526	155333